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To:	PATENT EXAMINER James W. Myhre	From:	Veronika S. Leliever
Fax:	703.746.5544	Pages:	27
Phone:	703.308.7843	Date:	April 16, 2003
Re:	App. Serial No: 09/283,389	Phone:	203.461.7246

☒ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• **Comments:**

Re: Application Serial No. 09/283,389
Attorney Docket No. 98-099
Title: "SYSTEM AND METHOD FOR OFFERING MULTIPLE PRODUCTS"

CERTIFICATE OF TRANSMISSION

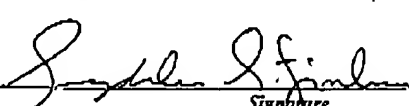
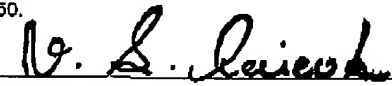
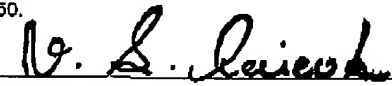
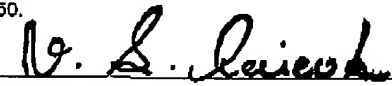
I hereby certify that this correspondence is being
Transmitted to the United States Patent and
Trademark Office by facsimile (Fax No. 703.746.5544) on
August 18, 2003.

Dated: 8.18.03 By:


Veronika S. Leliever

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AMENDMENT TRANSMITTAL LETTER (Small Entity)			Docket No. 98-099								
Applicant(s) JAY S. WALKER et al											
Serial No. 09/283,389	Filing Date April 1, 1999	Examiner James W. Myhre	Group Art Unit 3622								
Invention: SYSTEM AND METHOD FOR OFFERING MULTIPLE PRODUCTS											
<u>TO THE COMMISSIONER FOR PATENTS:</u>											
Transmitted herewith is an amendment in the above-identified application.											
<input checked="" type="checkbox"/> Small-Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted. <input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.											
The fee has been calculated and is transmitted as shown below.											
CLAIMS AS AMENDED											
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE						
TOTAL CLAIMS	112 -	121 =	0 x	\$9.00	\$0.00						
INDEP. CLAIMS	5 -	6 =	0 x	\$42.00	\$0.00						
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00						
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0271 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.											
 Signature			Dated: August 18, 2003								
Magdalena M. Fincham Attorney for Applicants PTO Registration No. 46,085 Walker Digital, LLC 203.461.7041/phone 203.461.7300/fax			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">I certify that this document and fee is being sent August 18, 2003 by fax to 703.746.5544 under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</td> </tr> <tr> <td colspan="2" style="text-align: center;">  Signature of Person Mailing Correspondence </td> </tr> <tr> <td colspan="2" style="text-align: center;"> Veronika S. Leliever Typed or Printed Name of Person Mailing Correspondence </td> </tr> </table>			I certify that this document and fee is being sent August 18, 2003 by fax to 703.746.5544 under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.		 Signature of Person Mailing Correspondence		Veronika S. Leliever Typed or Printed Name of Person Mailing Correspondence	
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